

Date: August 2, 2001

To: All Medicare+Choice Organizations

Subject: Pre January 2001 Carrier Backlog of Working Aged Correction Requests - ACTION

BACKGROUND

We have been notified by several M+COs of a delay in the correction of some working aged cases submitted to carriers prior to January 8, 2001. As you know, prior to that date, M+COs were required to mail certain Working Aged /CWF discrepancies to the local carrier for updating. With the implementation of the new Coordination Of Benefits Contractor (COB Contractor) process on January 8, the carriers access to working aged records became limited and carriers were no longer responsible for processing working aged changes from MCOs. Due to this change in function and access, some working aged corrections apparently did not process.

In order to address this situation, the Centers for Medicare and Medicaid Services (CMS) have arranged for the COB contractor to complete the pre-January 8 carrier workload. Because there is no way for CMS to establish what data had been sent to carriers by our M+COs that was not processed prior to the implementation of the COB, we must ask your cooperation in making this determination.

ACTION

Please review your working aged corrections that you submitted to us prior to January 2001. If you determine you still have cases submitted to the carriers prior to the January 8, 2001 transition date that you wish to be corrected, please follow the instructions below.

SUBMITTAL INSTRUCTIONS

The process is very similar to the way you are submitting current COB Contractor requests. There are three parts to the process for pre-January 8 requests that are different from the current submittal process for the COB Contractor.

1. Submissions to the COB Contractor must be received by GHI within 45 days from the date of this letter (August 2, 2001) and no later. This is due to the short term nature of the performance period for this task.
2. For identification purposes, the "CWF Referral Form" must have an "X" in the "CHECK IF SECOND REQUEST" field.
3. Just below the "CHECK IF SECOND REQUEST" field, write or type "(PRE-COB)" to indicate that the request is a pre-January 8, 2001 special correction request.

Please be assured we will process these requests as quickly as possible. We are aware that some of the adjustments will extend beyond our 36-month reimbursement policy and we feel your organizations are due the adjustments. We are working on how we can implement this change to effect your payment.

CONTACT INFORMATION

In the interim if you have any questions on the content of this letter, please contact your CMS Central Office Health Insurance Specialist assigned to your regional area:

Boston:	Jacqueline Buise at 410.786.7607
New York:	Juan Lopez at 410.786.7621
Philadelphia:	James Dorsey at 410.786.1143
Atlanta:	Brenda Hicks at 410.786.1159
Chicago:	Janice Bailey at 410.786.7603
Dallas:	Joanne Weller at 410.786.5111
Kansas City:	Gloria Webster at 410.786.7655
Denver:	David Evans at 410.786.0412 OR Ed Howard at 410.786.6368
San Francisco:	Lori Jones at 410.786.6357 OR James Logan at 410.786.7625
Seattle:	David Evans at 410.786.0412 OR Ed Howard at 410.786.6368

Thank you for your cooperation in this matter.

Sincerely,

Gary A. Bailey
Director
Health Plan Benefits Group, CBC

cc:
Gerry Nicholson
Joan Fowler